

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA
GREENVILLE DIVISION

IN RE:

CAH ACQUISITION COMPANY 6, LLC
d/b/a 1-70 COMMUNITY HOSPITAL

DEBTOR

CHAPTER 11

CASE NO: 19-01300-5-JNC

Check if this is an amended filing

**MONTHLY REPORT OF CORPORATE DEBTOR IN
POSSESSION/TRUSTEE**

DATE PETITION WAS FILED: March 21, 2019

REPORTING PERIOD COVERED: April 1, 2019 - April 30, 2019

I declare under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge and belief:

DEBTOR:

Officer Name & Title: Thomas W. Waldrep, Jr., Trustee

Date: May 21, 2019 +

Signature: s/ Thomas W. Waldrep, Jr.

I have read the information in this report and the information contained herein is true and correct to the best of my knowledge and belief:

ATTORNEY FOR TRUSTEE:

Printed Name: Jason L. Hendren Date: May 21, 2019

Signature: s/ Jason L. Hendren

Penalty for making a false statement or filing a false report: Fine of up to \$500,000.00 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571

Revised December 2017

PART A: BUSINESS OPERATIONS

I. Summary of Business Operations:

1.) Please summarize the Debtor's business activities for the month:

On March 21, 2019, the Court appointed Thomas W. Waldrep, Jr. as Chapter 11 Trustee. Since that time, the Trustee has been working with counsel to determine his options regarding reopening the hospital.

2.) Did the Debtor operate with a cash surplus or cash loss for the month? If the Debtor operated at a loss, please explain what affected profitability:

The Debtor had a cash loss for the month.

3.) Did the Debtor have any significant receipts or disbursements this month that were unusual or do not reoccur every month? For example, receipts would include insurance claim proceeds, tax refunds and funds from sale proceeds. Disbursements would include annual or quarterly insurance premiums, tax payments, large repairs, etc.:

(a) RECEIPTS –

None

(b) DISBURSEMENTS –

None

II. Summary of Chapter 11 Activities:

1.) Were any transactions this month outside of the ordinary course of business? For example, did the Debtor sell any property, receive a loan from a third party or make any large purchases? If yes, please describe:

None

2.) What steps has the Debtor taken toward reorganization or liquidation?

The Trustee is currently interviewing various professionals that will be needed in this case. The Trustee is evaluating his options regarding reorganization and liquidation.

PART B: CERTIFICATIONS

1.) Is the Debtor current on all post-petition tax obligations? Yes No

If the Debtor checked no, please complete the chart below:

Name of Taxing Authority	Amount Of Taxes Owed
The Trustee has not paid any post-petition payroll	

2.) Has the Debtor filed all necessary tax forms (e.g., 1040, 1120 and 941), coming due since the petition date? Yes No * This information is unknown to the Trustee at this time.

If the Debtor checked no, please provide information regarding the tax forms that are currently unfiled:

3.) Is the Debtor current on all post-petition administrative expenses (excluding tax obligations)? Yes No

If the Debtor checked no, please complete the chart below:

Name of Administrative Creditor	Amount Owed
Various post-petition claims may have been incurred at the hospital, but remain unpaid due to lack of available funds.	

4.) Are the Debtor's insurance policies in full force and effect? Yes No

* This information is unknown to the Trustee at this time.

If the Debtor checked no, please detail which property owned by the Debtor is not insured:

5.) Has the Debtor closed all pre-petition bank accounts? Yes No

If the Debtor checked no, please list the pre-petition bank accounts that are still open and whether the Debtor sought Court approval to keep the accounts open:

Name of Banking Institution	Last 4 Digits of Account	Court Approval (Y/N)
US Bank	3986	N
Equity Bank	0623	N
First Liberty Bank	1611	N
First Liberty Bank	1629	N

6.) Did the Debtor pay any pre-petition unsecured debts this reporting period? Yes No

If the Debtor checked yes, please complete the chart below:

Name of Unsecured Creditor	Amount Paid

7.) Did the Debtor deposit all sources of income into its DIP bank accounts this reporting period? Yes No

If the Debtor checked no, please detail where the estate funds were deposited, or (if not deposited), how the funds were disbursed:

The Debtor's income was deposited into US Bank #3986.

8.) Did the Debtor pay any professionals (e.g., attorney or accountant) without prior Court approval this reporting period? Yes No

If the Debtor checked yes, please complete the chart below:

Name of Professional	Amount Paid

9.) Did the Debtor sell or transfer any property outside of the ordinary course of business without prior Court approval during this reporting period? Yes No

If the Debtor checked yes, please provide additional information regarding the property that was sold or transferred:

10.) Did any person or entity pay any expenses or costs on behalf of the Debtor during this reporting period? Yes No

If the Debtor checked yes, please list all expenses paid on behalf of the Debtor, including the name of the person or entity who made the payments:

Cohesive paid certain expenses from its receiver account this month. These expenses were funded by the lender, First Liberty Bank.

11.) Did the Debtor transfer any property to or for the benefit of an officer or insider of the Debtor, or a relative of an officer or insider of the Debtor during the reporting period (a transfer includes, but is not limited to, the payment of personal expenses, provision of non-court approved fringe benefits, purchase of items for a personal non-business purpose)? Yes No

If the Debtor checked yes, please list all expenses or costs the Debtor paid on behalf of any officer or insider of the Debtor, or on behalf of a relative of an officer or insider of the Debtor:

**PART C: SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: Operating Account (Last 4 Digits: _____)
 Tax Account (Last 4 Digits: _____)
 Payroll Account (Last 4 Digits: _____)
 Trustee's Account (Last 4 Digits: 5074)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: **\$ 0.00**
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: **\$ 6,228.20**
[On following page- **EXHIBIT 1**
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: **\$ 15.00**
[On following page- **EXHIBIT 2**
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: **\$ 6,213.20**

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: **\$ 6,213.20**
6. PLUS UNCLEARED DEPOSITS **\$ 0.00**
7. LESS UNCLEARED CHECKS **\$ 0.00**
8. ENDING RECONCILED BALANCE: ***\$ 6,213.20**

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 5074)

RECEIPTS:	AMOUNT:
Sales	\$
Rental Income	\$
Collection of post-petition accounts receivable	\$
Collection of pre-petition accounts receivable	\$
Borrowing by Debtor (list sources below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Transfers from other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) Transfer from US Bank	(a) <u>\$ 6,213.20</u>
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 6,213.20
Other forms of income/deposits (list sources below):	(list amounts below):
(a) Refund of bank fee	(a) <u>\$ 15.00</u>
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 15.00
Less allowance for returns and discounts	\$

→ *TOTAL = **\$ 6,228.20**

***Total equals item #2 (Total Cash Receipts) on Part C.**

EXHIBIT 2**DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 5074)**

DISBURSEMENTS:	AMOUNT:
Payments to Secured Creditors	\$
Purchases of Inventory	\$
Net Payroll (excluding officer compensation)	\$
Officer Compensation	\$
Subcontractors and Contract Workers	\$
Payroll Taxes	\$
Sales Tax	\$
Property Taxes	\$
Supplies and Materials	\$
Real Property Lease Payments	\$
Vehicle & Equipment Lease Payments	\$
Utilities (Telephone, Electricity, Water, Other)	\$
Travel and Entertainment	\$
Meal and Food Costs	\$
Transportation Costs (e.g., fuel, tolls, parking)	\$
Vehicle Maintenance and Repairs Costs	\$
Equipment Repair Costs	\$
Real Property Repairs and Maintenance Costs	\$
Vehicle Insurance Premiums	\$
Life and Health Insurance Premiums	\$
Real Property Insurance Premiums	\$
Other Insurance Premiums	\$
Office Supplies	\$
Freight and Shipping Costs	\$
Advertising and Marketing	\$
Professional Fees (e.g., Attorney, Accountant)	\$
Quarterly Fees	\$
Transfers to other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Other (PROVIDE ATTACHMENT)	\$ 15.00

*TOTAL = **\$ 15.00**

*Total equals item #3 (Total Cash Disbursements) on Part C.

SUMMARY OF CASH RECEIPTS AND DISBURSEMENTS

NATURE/TYPE OF ACCOUNT: Operating Account (Last 4 Digits: _____)
 Tax Account (Last 4 Digits: _____)
 Payroll Account (Last 4 Digits: _____)
 Pre-petition Account (Last 4 Digits: 3986)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ 71,463.69
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ 6,629.23
[On following page- ***EXHIBIT 1***
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ 77,759.05
[On following page- ***EXHIBIT 2***
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ 333.87

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ 333.87
6. PLUS UNCLEARED DEPOSITS \$ 0.00
7. LESS UNCLEARED CHECKS \$ 0.00
8. ENDING RECONCILED BALANCE: *\$ 333.87

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 3986)

RECEIPTS:	AMOUNT:
Sales	\$
Rental Income	\$
Collection of post-petition accounts receivable	\$
Collection of pre-petition accounts receivable	\$ 6,629.23
Borrowing by Debtor (list sources below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Transfers from other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Other forms of income/deposits (list sources below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Less allowance for returns and discounts	\$

→ *TOTAL = **\$ 6,629.23**

***Total equals item #2 (Total Cash Receipts) on Part C.**

EXHIBIT 2**DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 3986)**

DISBURSEMENTS:	AMOUNT:
Payments to Secured Creditors	\$
Purchases of Inventory	\$
Net Payroll (excluding officer compensation)	\$
Officer Compensation	\$
Subcontractors and Contract Workers	\$
Payroll Taxes	\$
Sales Tax	\$
Property Taxes	\$
Supplies and Materials	\$
Real Property Lease Payments	\$
Vehicle & Equipment Lease Payments	\$
Utilities (Telephone, Electricity, Water, Other)	\$
Travel and Entertainment	\$
Meal and Food Costs	\$
Transportation Costs (e.g., fuel, tolls, parking)	\$
Vehicle Maintenance and Repairs Costs	\$
Equipment Repair Costs	\$
Real Property Repairs and Maintenance Costs	\$
Vehicle Insurance Premiums	\$
Life and Health Insurance Premiums	\$
Real Property Insurance Premiums	\$
Other Insurance Premiums	\$
Office Supplies	\$
Freight and Shipping Costs	\$
Advertising and Marketing	\$
Professional Fees (e.g., Attorney, Accountant)	\$
Quarterly Fees	\$
Transfers to other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) Transfer to Trustee Acct	(a) <u>\$ 6,213.20</u>
(b) _____	(b) _____
(c) _____	(c) _____
	Total = <u>\$ 6,213.20</u>
Other (PROVIDE ATTACHMENT)	<u>\$ 71,545.85</u>



*TOTAL = \$ 77,759.05

*Total equals item #3 (Total Cash Disbursements) on Part C.

Other Transactions #3986

- \$71,545.85 to GRT Source, LLC
 - o The Trustee has demanded these funds back from GRT Source, LLC pursuant to 11 U.S.C. § 549.

**SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: Operating Account (Last 4 Digits: _____)
 Tax Account (Last 4 Digits: _____)
 Payroll Account (Last 4 Digits: _____)
 Cohesive Account (Last 4 Digits: 0623)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ 0.00
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ 15,240.29
[On following page- **EXHIBIT 1**
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ 12,275.33
[On following page- **EXHIBIT 2**
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ 2,964.96

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ 3,164.96
6. PLUS UNCLEARED DEPOSITS \$ 0.00
7. LESS UNCLEARED CHECKS \$ 200.00
8. ENDING RECONCILED BALANCE: *\$ 2,964.96

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 0623)

RECEIPTS:	AMOUNT:
Sales	\$
Rental Income	\$
Collection of post-petition accounts receivable	\$
Collection of pre-petition accounts receivable	\$ 10,095.41
Borrowing by Debtor (list sources below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Transfers from other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Other forms of income/deposits (list sources below):	(list amounts below):
(a) Transfers from closed acct	(a) \$ 5,144.88
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 5,144.88
Less allowance for returns and discounts	\$

→ *TOTAL = **\$ 15,240.29**

***Total equals item #2 (Total Cash Receipts) on Part C.**

EXHIBIT 2**DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 0623)**

DISBURSEMENTS:	AMOUNT:
Payments to Secured Creditors	\$
Purchases of Inventory	\$
Net Payroll (excluding officer compensation)	\$
Officer Compensation	\$
Subcontractors and Contract Workers	\$
Payroll Taxes	\$
Sales Tax	\$
Property Taxes	\$
Supplies and Materials	\$
Real Property Lease Payments	\$
Vehicle & Equipment Lease Payments	\$
Utilities (Telephone, Electricity, Water, Other)	\$11,098.30
Travel and Entertainment	\$
Meal and Food Costs	\$
Transportation Costs (e.g., fuel, tolls, parking)	\$
Vehicle Maintenance and Repairs Costs	\$
Equipment Repair Costs	\$
Real Property Repairs and Maintenance Costs	\$450.00
Vehicle Insurance Premiums	\$
Life and Health Insurance Premiums	\$
Real Property Insurance Premiums	\$
Other Insurance Premiums	\$
Office Supplies	\$
Freight and Shipping Costs	\$
Advertising and Marketing	\$
Professional Fees (e.g., Attorney, Accountant)	\$
Quarterly Fees	\$
Transfers to other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) <u>Deposit reversal</u>	(a) <u>\$ 727.03</u>
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 727.03
Other (PROVIDE ATTACHMENT)	\$

→ *TOTAL = \$ 12,275.33

*Total equals item #3 (Total Cash Disbursements) on Part C.

SUMMARY OF CASH RECEIPTS AND DISBURSEMENTS

NATURE/TYPE OF ACCOUNT: Operating Account (Last 4 Digits: _____)
 Tax Account (Last 4 Digits: _____)
 Payroll Account (Last 4 Digits: _____)
 Receiver's Payroll Acct (Last 4 Digits: 1629)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ 17,847.95
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ 27,287.97
[On following page- **EXHIBIT 1**
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ 24,345.87
[On following page- **EXHIBIT 2**
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ 20,790.05

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ 20,790.05
6. PLUS UNCLEARED DEPOSITS \$ 0.00
7. LESS UNCLEARED CHECKS \$ 0.00
8. ENDING RECONCILED BALANCE: *\$ 20,790.05

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 1629)

RECEIPTS:	AMOUNT:
Sales	\$
Rental Income	\$
Collection of post-petition accounts receivable	\$
Collection of pre-petition accounts receivable	\$
Borrowing by Debtor (list sources below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Transfers from other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) <u>Funds from First Liberty Bank</u>	(a) <u>\$ 27,287.97</u>
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 27,287.97
Other forms of income/deposits (list sources below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Less allowance for returns and discounts	\$

→ *TOTAL = \$ 27,287.97

***Total equals item #2 (Total Cash Receipts) on Part C.**

EXHIBIT 2**DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 1629)**

DISBURSEMENTS:	AMOUNT:
Payments to Secured Creditors	\$
Purchases of Inventory	\$
Net Payroll (excluding officer compensation)	\$24,345.87
Officer Compensation	\$
Subcontractors and Contract Workers	\$
Payroll Taxes	\$
Sales Tax	\$
Property Taxes	\$
Supplies and Materials	\$
Real Property Lease Payments	\$
Vehicle & Equipment Lease Payments	\$
Utilities (Telephone, Electricity, Water, Other)	\$
Travel and Entertainment	\$
Meal and Food Costs	\$
Transportation Costs (e.g., fuel, tolls, parking)	\$
Vehicle Maintenance and Repairs Costs	\$
Equipment Repair Costs	\$
Real Property Repairs and Maintenance Costs	\$
Vehicle Insurance Premiums	\$
Life and Health Insurance Premiums	\$
Real Property Insurance Premiums	\$
Other Insurance Premiums	\$
Office Supplies	\$
Freight and Shipping Costs	\$
Advertising and Marketing	\$
Professional Fees (e.g., Attorney, Accountant)	\$
Quarterly Fees	\$
Transfers to other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Other (PROVIDE ATTACHMENT)	\$

→ *TOTAL = **\$ 24,345.87**

*Total equals item #3 (Total Cash Disbursements) on Part C.

SUMMARY OF CASH RECEIPTS AND DISBURSEMENTS

NATURE/TYPE OF ACCOUNT: Operating Account (Last 4 Digits: _____)
 Tax Account (Last 4 Digits: _____)
 Payroll Account (Last 4 Digits: _____)
 Receiver Operating Acct (Last 4 Digits: 1611)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ 3,329.63
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ 10,000.00
[On following page- **EXHIBIT 1**
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ 8,159.70
[On following page- **EXHIBIT 2**
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ 5,169.93

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ 5,169.93
6. PLUS UNCLEARED DEPOSITS \$ 0.00
7. LESS UNCLEARED CHECKS \$ 0.00
8. ENDING RECONCILED BALANCE: *\$ 5,169.93

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 1611)

RECEIPTS:	AMOUNT:
Sales	\$
Rental Income	\$
Collection of post-petition accounts receivable	\$
Collection of pre-petition accounts receivable	\$
Borrowing by Debtor (list sources below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Transfers from other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) <u>Funds from First Liberty Bank</u>	(a) <u>\$ 10,000.00</u>
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 10,000.00
Other forms of income/deposits (list sources below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Less allowance for returns and discounts	\$

→ *TOTAL = **\$ 10,000.00**

***Total equals item #2 (Total Cash Receipts) on Part C.**

EXHIBIT 2**DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 1611)**

DISBURSEMENTS:	AMOUNT:
Payments to Secured Creditors	\$
Purchases of Inventory	\$
Net Payroll (excluding officer compensation)	\$
Officer Compensation	\$
Subcontractors and Contract Workers	\$
Payroll Taxes	\$
Sales Tax	\$
Property Taxes	\$
Supplies and Materials	\$
Real Property Lease Payments	\$
Vehicle & Equipment Lease Payments	\$
Utilities (Telephone, Electricity, Water, Other)	\$ 8,159.70
Travel and Entertainment	\$
Meal and Food Costs	\$
Transportation Costs (e.g., fuel, tolls, parking)	\$
Vehicle Maintenance and Repairs Costs	\$
Equipment Repair Costs	\$
Real Property Repairs and Maintenance Costs	\$
Vehicle Insurance Premiums	\$
Life and Health Insurance Premiums	\$
Real Property Insurance Premiums	\$
Other Insurance Premiums	\$
Office Supplies	\$
Freight and Shipping Costs	\$
Advertising and Marketing	\$
Professional Fees (e.g., Attorney, Accountant)	\$
Quarterly Fees	\$
Transfers to other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Other (PROVIDE ATTACHMENT)	\$

→ *TOTAL = \$ 8,159.70

*Total equals item #3 (Total Cash Disbursements) on Part C.

PART D: SUMMARY OF ACCOUNT RECEIVABLES

AMOUNT:

1. Beginning Balance	\$ _____
2. Sales on Account	\$ _____
3. Collections on Account	\$ _____
4. Ending Balance [Item #1 plus #2 minus #3]	\$ _____

STATUS OF COLLECTIONS:

AMOUNT:

Current to 30 days	\$ _____
31 to 60 days	\$ _____
61 to 90 days	\$ _____
91 to 120 days	\$ _____
121 days and older	\$ _____
TOTAL:	\$ _____

The Debtor's accounts receivable is unknown to the Trustee at the time of this report.

PART E: SUMMARY OF ACCOUNTS PAYABLE

[EXCLUDING PRE-PETITION ACCOUNTS PAYABLE]

AMOUNT:

Current to 30 days	\$ _____
31 to 60 days	\$ _____
61 to 90 days	\$ _____
91 to 120 days	\$ _____
121 days and older	\$ _____
 TOTAL:	\$ <u>0.00</u>

If there are payables outstanding greater than 60 days, please provide an explanation:

PART F: STATUS OF PAYMENTS TO SECURED CREDITORS

Instructions: List all secured creditors and collateral descriptions, regardless if payments are made

Check if this form is not applicable to the Debtor

Creditor Name:	First Financial Corporate Leasing, LLC
Description of Collateral:	Blanket Lien
Amount Paid this Month:	\$ 0.00
Payment Pursuant to Bankruptcy Court Order?	No
<hr/>	
Creditor Name:	HMC/CAH Note Acquisition, LLC
Description of Collateral:	Blanket lien on accounts
Amount Paid this Month:	\$ 0.00
Payment Pursuant to Bankruptcy Court Order?	No
<hr/>	
Creditor Name:	Fidelity Security Life Insurance Co, et al.
Description of Collateral:	Blanket lien on accounts
Amount Paid this Month:	\$ 0.00
Payment Pursuant to Bankruptcy Court Order?	No
<hr/>	
Creditor Name:	First Liberty Bank
Description of Collateral:	Blanket Lien
Amount Paid this Month:	\$ 0.00
Payment Pursuant to Bankruptcy Court Order?	No
<hr/>	

STATUS OF PAYMENTS TO SECURED CREDITORS

Creditor Name:	GEL Funding, LLC
Description of Collateral:	Blanket Lien
Amount Paid this Month:	\$ 0.00
Payment Pursuant to Bankruptcy Court Order?	No
Creditor Name:	GE Capital Corporation
Description of Collateral:	GE Healthcare prodigy full pro USA system
Amount Paid this Month:	\$ 0.00
Payment Pursuant to Bankruptcy Court Order?	No
Creditor Name:	
Description of Collateral:	
Amount Paid this Month:	
Payment Pursuant to Bankruptcy Court Order?	
Creditor Name:	
Description of Collateral:	
Amount Paid this Month:	
Payment Pursuant to Bankruptcy Court Order?	
Creditor Name:	
Description of Collateral:	
Amount Paid this Month:	
Payment Pursuant to Bankruptcy Court Order?	

PART G: STATUS OF PAYMENTS TO LESSORS

Instructions: List all lessors and description of leased property, regardless if payments are made

Check if this form is not applicable to the Debtor

Lessor Name:	
Description of Leased Property:	
Amount Paid this Month:	
Is Lease Current?	
Lessor Name:	
Description of Leased Property:	
Amount Paid this Month:	
Is Lease Current?	
Lessor Name:	
Description of Leased Property:	
Amount Paid this Month:	
Is Lease Current?	
Lessor Name:	
Description of Leased Property:	
Amount Paid this Month:	
Is Lease Current?	

**PART H: SUMMARY OF OFFICER/OWNER
COMPENSATION, PROPERTY SALES AND
PROFESSIONAL FEE PAYMENTS**

1.) REPORT ALL COMPENSATION PAID TO ANY OFFICER OR OWNER THIS MONTH:

Check if no officer compensation was paid this month

Name of Officer/Owner of the Debtor	Monthly Compensation Authorized by the Court	Compensation Received this Month

2.) PROPERTY SALE REPORT:

Check if the Debtor did not sell any property this month

Description of Property Sold	Date Property Sold	Gross Sale Proceeds	Net Sale Proceeds Paid to Debtor

3.) REPORT OF ALL PAYMENTS MADE TO PROFESSIONALS THIS MONTH:

Check if the Debtor did not pay any professionals this month

Name of Professional	Date Compensation Approved	Compensation Authorized by the Court	Compensation Received this Month

PART I: CHAPTER 11 QUARTERLY FEES

DISBURSEMENTS INCLUDE: Sum total of all disbursements from all of the Debtor's bank accounts – and – payments made on behalf of the Debtor. Disbursements do not include transfers between the Debtor's accounts. Quarterly fees are not prorated.

Calculating the Fee: Use the table on the following page to compute the Amount of Fee Due for each quarter. Payment of quarterly fees should be submitted to Debtor's attorney, and then Debtor's attorney should submit the payment through **www.pay.gov**.

2nd Quarter:

	<u>Disbursements made by Debtor</u>	<u>Disbursements made on behalf of Debtor</u>
Disbursements for April:	<u>\$ 44,795.90</u>	+ _____
Disbursements for May:	<u>\$ 0.00</u>	+ _____
Disbursements for June:	<u>\$ 0.00</u>	+ _____
<u>TOTAL:</u>	<u>\$ 44,795.90</u>	+ <u>\$ 0.00</u>
<u>TOTAL DISBURSEMENTS:</u>		<u>\$ 44,795.90</u>

Amount of Fee Due: _____

Amount of Fee Paid: _____

Total Disbursement for the Quarter	Amount of Fee Due
\$0 to \$14,999.00	\$325.00
\$15,000.00 to \$74,999.99	\$650.00
\$75,000.00 to \$149,999.99	\$975.00
\$150,000.00 to \$224,999.99	\$1,625.00
\$225,000.00 to \$299,999.99	\$1,950.00
\$300,000.00 to \$999,999.99	\$4,875.00
\$1,000,000.00 to \$1,999,999.99	\$6,500.00
\$2,000,000.00 to \$2,999,999.99	\$9,750.00
\$3,000,000.00 to \$4,999,999.99	\$10,400.00
\$5,000,000.00 to \$14,999,999.99	\$13,000.00
\$15,000,000.00 to \$29,999,999.99	\$20,000.00
\$30,000,000.00 or more	\$30,000.00